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STATE OF CALIFORNIA  
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COUNTY OF SAN FRANCISCO     )       ss

CERTIFICATION

This is to certify that the attached translation is, to the best of my knowledge and belief, a true and accurate translation from Spanish into English of the attached document with Bates no. PERU0005078.

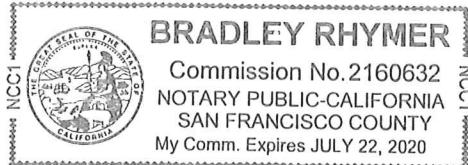
Pavani Yalamanchili

Pavani Yalamanchili, Managing Editor  
Lionbridge

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of San Francisco  
Subscribed and sworn to (or affirmed) before me  
on this 6<sup>th</sup> day of January, 2020,  
by Pavani Yalamanchili,  
proved to me on the basis of satisfactory evidence  
to be the person(s) who appeared before me.

Signature: Bradley Rhymer



Message

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**From:** Juan Bardales [/O=CONSULADOPERUNY/OU=FIRST ADMINISTRATIVE GROUP/CN=RECIPIENTS/CN=JBARDALES]  
**Sent:** 6/20/2014 8:47:08 PM  
**To:** Maria Teresa Merino de Hart [/O=CONSULADOPERUNY/OU=First Administrative Group/cn=Recipients/cn=MMerino]  
**CC:** Juniza Castillo [/O=CONSULADOPERUNY/OU=EXCHANGE ADMINISTRATIVE GROUP  
(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=Juniza Castillooad]; Juan Bardales [/O=CONSULADOPERUNY/OU=First  
Administrative Group/cn=Recipients/cn=JBardales]  
**Subject:** Mr. [Redacted - PHI] Nuñezz  
**Attachments:** Ficha [Redacted - PHI].pdf

Ambassador María Teresa Merino de Hart,

This is to inform you of the visit paid to Mr. [Redacted - PHI], who is a patient at the SEA VIEW REHABILITATION CENTER AND HOME, at 460 Brielle Avenue, Staten Island, NY 10314:

- I was received in the Social Services area of the hospital by Miss Anu Robin, telephone 718-317-3464, and Mr. William Burfield, telephone 718-317-3313.
- Mr. [Redacted - PHI] is registered as a patient under the name [Redacted - PHI] and is in room "E409A."
- His legal representative/guardian is Mrs. Lizbeth Diaz (former wife), whose telephone number is [Redacted - Confidential] and whose address is [Redacted - Confidential].
- I went to see him in person and verified that Mr. [Redacted - PHI] is incapacitated; he cannot speak or understand and needs assistance for his basic activities.
- He was admitted to the hospital on June 5, 2102 [sic], according to the attached record from the hospital.
- He has no discharge date due to his state of incapacity, according to the people from Social Welfare.
- His ex-wife and children visit him frequently.
- His ex-wife also said that they communicate frequently with family members of Mr. [Redacted - PHI] who are in Peru.
- I spoke by telephone with Mrs. Díaz to ask her to authorize the hospital by letter (an indispensable requirement) so they will send us official information about the health status of Mr. [Redacted - PHI].
- 

I am attaching the record of Mr. [Redacted - PHI] from Social Services with his basic information and the charge signed by Miss Anu Robin, Sea View Hospital.

Yours truly,  
Juan Carlos Bardales



## Message

**From:** Juan Bardales [/O=CONSULADOPERUNY/OU=FIRST ADMINISTRATIVE GROUP/CN=RECIPIENTS/CN=JBARDALES]  
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(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=Juniza Castilloaad]; Juan Bardales [/O=CONSULADOPERUNY/OU=First  
Administrative Group/cn=Recipients/cn=JBardales]  
**Subject:** Sr. **Redacted - PHI**  
**Attachments:** Ficha-**Redacted - PHI**.pdf

Sra. Embajadora Maria Teresa Merino de Hart,

La presente es para informarle la visita hecha por el suscrito al Sr. **Redacted - PHI** quien se encuentra como paciente en el “SEA VIEW REHABILITATION CENTER AND HOME”, en la dirección 460 Brielle Avenue, Staten Island, NY 10314:

- Me atendieron en el área de Servicio Social del Hospital, Srita. Anu Robin con teléfono 718-317-3464 y el Sr. William Burfield con teléfono 718-317-3313.
- El Sr. **Redacted - PHI** esta registrado como paciente y con el nombre **Redacted - PHI** y se encuentra en el cuarto “E409A”.
- Su representante legal-guardian es la Sra. Lizbeth Diaz(ex-esposa), con teléfono **Redacted - Confidential** y dirección **Redacted - Confidential**
- Fui a verlo en persona y verifiqué que el Sr. **Redacted** esta incapacitado, no puede hablar, entender y necesita asistencia para que realice sus actividades básicas.
- Ingresó al Hospital el 5 de Junio del 2102, según la ficha adjunta del Hospital.
- No tiene fecha de salida debido a su estado de incapacidad, según los señores de Asistencia Social.
- La ex esposa y los hijos lo visitan frecuentemente.
- La ex esposa manifestó que también se comunican frecuentemente con los familiares del Sr. **Redacted** que se encuentran en Perú.
- Conversé por teléfono con la Sra. Díaz para solicitarle que autorice mediante carta al Hospital(requisito indispensable), para que nos envíen información oficial sobre el estado de salud del Sr. **Redacted - PHI**.
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Adjunto la ficha del Sr. **Redacted - PHI** del área de Servicio Social con la información básica del mismo y el cargo firmado por la Srita. Anu Robin-Sea View Hospital.

Atentamente,  
Juan Carlos Bardales